

1.) CORPORATION NAME:

United Indoor Football Association

DUE DATE: **5/31/2011**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER
THOMAS A BENIZIO
2101 E MAIN ST
RICHMOND, VA 23223**

SCC ID NO: **F1789561**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2101 E MAIN ST

CITY/ST/ZIP: RICHMOND, VA 23223-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	THOMAS A BENIZIO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COMMISSIONER		
ADDRESS:	2101 E MAIN ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23223-		
NAME:	RANDY SANDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	901 S BUCHANAN ST		
CITY/ST/ZIP/CO:	AMARILLO, TX 79101-		
NAME:	JIM SMITH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 E. STACY RD. SUITE 1350		
CITY/ST/ZIP/CO:	ALLEN, TX 75002-		
NAME:	ANDREW MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1840 W. FIRST AVE.		
CITY/ST/ZIP/CO:	MEZA, AZ 85202-		
NAME:	ED BRADY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	101 S. MADISON ST.		
CITY/ST/ZIP/CO:	BLOOMINGTON, IL 61701-		

NAME:	DALE MORRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 80879		
CITY/ST/ZIP/CO:	MIDLAND, TX 79708-		
NAME:	DAVID FLOOD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1055 GOLF RD.		
CITY/ST/ZIP/CO:	HOFFMAN ESTATES, IL 60169-		
NAME:	TOM WIGLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4812 S. COLLEGE AVE.		
	SUITE 200		
CITY/ST/ZIP/CO:	FORT COLLINS, CO 80525-		
NAME:	RICK QUINN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	819 1ST AVE.		
	SUITE B		
CITY/ST/ZIP/CO:	FAIRBANKS, AK 99701-		
NAME:	ART CLARKSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1901 S. ONEIDA ST.		
CITY/ST/ZIP/CO:	GREEN BAY, WI 54304-		
NAME:	JEFF SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	201 EAST MEEKER ST.		
CITY/ST/ZIP/CO:	KENT, WA 98032-		
NAME:	CHRIS KOKALIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	P.O. BOX 3502		
CITY/ST/ZIP/CO:	LA CROSSE, WI 54602-		
NAME:	MIKE CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	21 N. MAIN ST.		
	SUITE 8		
CITY/ST/ZIP/CO:	COOPERSBURG, PA 18036-		
NAME:	CHARLIE BOSSELMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3123 W. STOLLEY PARK RD.		
	P.O. BOX 1567		
CITY/ST/ZIP/CO:	GRAND ISLAND, NE 68802-1567		
NAME:	JEFF SPROWLS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1351 S. 20TH STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68108-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TED LAVENDER DIRECTOR 350 BERN STREET READING, PA 19601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVE BURTON DIRECTOR 2419 COLONY CROSSING MIDLOTHIAN, VA 23112-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TODD TRYON DIRECTOR 5000 S. MINNESOTA AVE. SUITE 300 SIOUX FALLS, SD 57108-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERI CARR DIRECTOR 7016 W. GRANDRIDGE BLVD. KENNEWICK, WA 99336-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROB TIDD DIRECTOR 2 SOUTH CHELAN AVE. WENATCHEE, WA 98801-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WINK HARTMAN DIRECTOR 1550 E. 61ST. ST. PARK CITY, KS 67219-1953	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL LAYTON DIRECTOR 123 SO. BEECH CASPER, WY 82601-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
<u>/s/ THOMAS A BENIZIO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		THOMAS A BENIZIO, <u>COMMISSIONER</u> PRINTED NAME AND CORPORATE TITLE	
		<u>3/23/2011</u> DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			